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APPLICANTS

Konstantinos Psounis, Athens, GREECE;
 Janardhanan Jawahar, San Jose, CA;

** CONTINUING DATA ***** *None for*

** FOREIGN APPLICATIONS ***** *None for*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GREECE	SHEETS DRAWING 12	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
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ADDRESS
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TITLE

METHODS AND SYSTEMS FOR MANAGING CLASS-BASED CONDENSATION

FILING FEE RECEIVED 1378	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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